

**P – 007 Rectal cancer in Albania: treatment outcome and prognostic factors of disease progression**E Kozma<sup>1</sup>, K Mati<sup>2</sup><sup>1</sup>Service of Oncology, University Hospital Mother Teresa, Tirana, Albania, <sup>2</sup>Service of Oncology, University Hospital Mother Teresa, Tirana, Albania

**Introduction:** Rectal cancer constitutes 3% of all malignant tumors in Albania. The majority of diagnosed patients live in urban areas; 7 times more than in rural areas. The aim of this study was to evaluate the treatment of rectal cancer in Albania and how different clinicopathological factors can influence disease progression.

**Methods:** From January 2012 to March 2017, a total of 286 patients with rectal cancer were treated in our Oncology Service. All of them had multimodality treatment. We retrospectively analyzed treatment outcome and clinicopathological factors that could have an influence on disease progression. The association between these variables was tested with the Pearson Chi-square test, t-test, and binary logistic regression. The assessment of interaction among significant variables was taken into account when developing this multivariate model.

**Results:** Median age of patients was 59.8 years (range 35-83 years), of whom 43.6% were female and 56.4% were male. Classification of patients by stage was impossible because 69.2% were classified as NX, although this has been significantly reduced in the last two years. The use of neoadjuvant concurrent chemoradiotherapy has increased from 18.5% in 2012 to 70% in 2017. After a median follow-up of 29 months, local relapse was seen in 22.2% of patients and distant metastasis in 45.1%. The most common site of distant metastasis was the liver, which occurred in 58.2% of treated cases, followed by lung and bone metastasis in 31.7% and 13.8% of patients, respectively. From analyzed clinicopathological factors, primary tumor extension (T) ( $P < .001$ ), upper tumor localization ( $P < .02$ ), tumor grade ( $P < .01$ ), nodal involvement ( $P < .03$ ), perineural invasion ( $P < .006$ ) and increased levels of postoperative CEA ( $P < .000$ ) were significant prognostic factors of distant metastasis. A correlation was found between lymphovascular invasion and lymph node metastasis ( $P < .05$ ).

**Conclusion:** Treatment of rectal cancer has improved over the years. An adequate pathological assessment of the resected lymph nodes should be done for accurate staging and treatment of patients. The extent and location of the primary tumor, tumor grade, nodal involvement, perineural invasion and postoperative CEA were predictors of distant metastasis. Lymphovascular invasion may predict the risk of lymph node metastases.